FCC Rural Health Care Pilot Program
WC Docket No. 02-60

Quarterly Report
July - September 2010

Submitted by the

Michigan Public Health Institute (MPHI)
Jeffrey Taylor, Project Coordinator (PC)
Jeff Shaw, Assistant Project Coordinator (APC)

On October 14, 2010

Project Overview, History, and Current Status

The project is being managed by MPHI. The project consists of RFPs 00, 01, 02, and 03.

RFPs 00 and 01. Due to delays the main RFP 02 encountered (see below), MPHI decided to move forward with two small RFPs for the Thumb Rural Health Network (TRHN). The TRHN is a consortium of eight (8) RHCPP-eligible hospitals located in the thumb region of Michigan's Lower Peninsula. These two RFPs expanded an existing tower-based wireless network by adding four more towers (RFP 00) and purchasing telecomm equipment for all nine towers within the network (RFP 01).

- *History of RFP 00 – TRHN Tower Construction*. This RFP built four telecommunications towers. RFP 00 was posted in early May 2009. Six qualified bids were submitted. A vendor (Thumb Radio Inc. of Bad Axe, MI)—the lowest bidder—was chosen in late June 2009, and a contract was signed on September 2. (The RFP requested quotes for five towers, but TRHN was unable to acquire the land for one of the five, so it decided to lease space on a nearby tower, reducing the number of towers to be built to four.) RFP 00's FCL was issued on September 24, 2009, and the Support Acknowledgement Letter was issued on October 2. Work on the towers was completed in early June 2010, and the final invoice was paid in mid-June 2010. Therefore, the RFP 00 project is complete.

- *History of RFP 01 – TRHN Network Equipment*. This RFP purchased telecommunications equipment (radios, switches, routers, the network server, etc.) for the nine towers that are part of the TRHN network. RFP 01 was posted at the beginning of June 2009. Four bids were received, although two contained significant deficiencies. A vendor (CDW-Government, Inc.)—the lowest bidder among the four—was chosen in late July, and a contract was signed on September 15, 2009. RFP 01's FCL was issued on October 21, 2009, and the Support Acknowledgement Letter was issued on November 12. All of the equipment was delivered in December 2009, and the invoices were paid in January 2010. Therefore, the RFP 01 project is complete.

RFP 02 – Statewide Telecomm Network. This RFP will build a statewide healthcare network linking approximately 90 health care facilities throughout Michigan (with the exception of nine southeastern counties that include the metropolitan areas of Detroit, Flint, Lansing, Jackson, Ann Arbor, and Monroe). This network will use fiber optic cable, T-1 lines, and other traditional "wired" technology.

- *History and Current Status of RFP 02*. MPHI submitted its RFP 02 and the list of approximately 520 participating sites (draft Form 465 Attachment) to USAC for an informal review in late October 2008. The RFP received immediate approval, but review of the 520 sites took five months. The ARRA was announced in February 2009, and it soon became clear that funding would be made available to construct broadband infrastructure. Once plans for Michigan's

stimulus-funded, middle-mile broadband infrastructure—which RFP 02 intends to build upon—were clear, MPHI submitted the RFP 02 465 package. MPHI posted the RFP on November 10, 2009. Seven vendors submitted proposals on February 15, 2010. For the total, five-year cost of the project, the high bid was 431% larger than the low bid. The RFP 02 Evaluation Committee met in March and narrowed the competing vendors to two finalists (the two that had submitted the lowest cost bids). These vendors were given a two-week window during which they were permitted to adjust, or fine-tune, their cost figures to account for any networking or ARRA-funded project developments that had occurred in the first quarter of 2010. The revised cost figures were received on April 15, 2010. One vendor did not make any significant changes to its bid, while the other—already the low-cost bidder—dropped its aggregate five-year operating costs by another 9%. On April 19, the Evaluation Committee chose the latter vendor, Great Lakes Comnet of East Lansing, MI, as the tentative winner.

Great Lakes Comnet's "Estimated Price" figures for each of the HCPs' sites were provided in late April 2010. The HCPs were asked to determine which sites they wanted to keep in the project and commit to participation by signing a contract. Ninety (90) sites committed by early August. Great Lakes then calculated "Actual Prices" (final prices) based on the smaller size of the network, and MPHI communicated those prices to the HCPs. Seventeen (17) sites had the option to leave the project (without penalty) because their Actual Prices exceeded the corresponding Estimated Prices by more than 10 percent. To date, three (3) sites have chosen to opt out, although it is possible that some Michigan Department of Corrections sites could still opt out due to state budgeting issues.

RFP 03 – Fiber Build Project. MPHI's May 2007 application proposed creating "telehealth and telemedicine infrastructure and services in the areas of Michigan where the need is the most acute."[1] MPHI listed slightly less than 400 health care sites as potential candidates for networking.[2] Three years later, it now appears that MPHI will be able to network less than 100 sites: the eight sites networked by RFPs 00 and 01, and the approximately 90 sites networked by RFP 02. The reasons for this shortfall are Michigan's poor economy, the three-year gap between the RHCPP announcement and RFP 02's marketing phase, the complexity of USAC programs in general and MPHI's RHCPP-funded statewide network in particular, and the high cost of the statewide network. To use the remaining RHCPP funding awarded to MPHI, to extend the statewide network created by RFP 02, and to help achieve the infrastructure goals of the RHCPP, MPHI has conceived an RFP 03, which will fund the installation of hospital-owned fiber optic spans linking hospitals to their satellite sites and/or to other hospitals. The RFP 03 concept is being marketed to Michigan HCPs to determine the interest level. The primary source of information on the opportunity is the project website,

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[1] "Pilot Program for Enhanced Access to Advanced Telecommunications and Information Services: Application to the Federal Communications Commission Submitted by the Michigan Public Health Institute," May 7, 2007, p. 31.
[2] *Ibid*., pp. 34-38.

http://fcc.mphi.org/fiber. Since it is still at the conceptual stage, RFP 03 will not be further addressed in this document.

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

The Project Coordinator (PC) is Jeffrey Taylor, Executive Director, Michigan Public Health Institute (MPHI). The Assistant Project Coordinator (APC) is Jeff Shaw, Senior Project Manager, MPHI.

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

The APC's (Jeff Shaw's) contact information follows:

> Michigan Public Health Institute
> 2436 Woodlake Circle, Suite 300
> Okemos, MI 48864
> Telephone: 517.324.6055
> Fax: 517.324.6099
> E-mail: jshaw@mphi.org

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

The Michigan Public Health Institute (MPHI) is legally and financially responsible for the conduct of activities supported by the award.

d. Explain how project is being coordinated throughout the state or region.

RFPs 00 and 01. RFPs 00 and 01 were coordinated through TRHN's executive director. (As noted above, TRHN is a consortium of eight hospitals.) The hospitals are kept informed by TRHN's executive director.

RFP 02. The following narrative refers to RFP 02, the statewide RFP.

Initial recruitment of HCPs to participate in the project was approached on a regional basis using representatives residing in each of five rural Medical Trading Areas (MTAs) covering 80 percent of the state (excluding only the southeastern quadrant of Michigan's Lower Peninsula). These regional representatives were employed by health care facilities and knew or were familiar with the HCPs located within their respective MTAs. Once the bulk of the LOAs had been received, MPHI assumed the task of obtaining missing information and resolving paperwork problems.

Initially, the MTA representatives handled most of the communication with the participating HCPs. Coordination with the regional reps was managed by telephone, e-mail, and teleconferences. However, as the LOA collection process progressed, MPHI assumed more responsibility for communicating directly with the HCPs. As part of this effort, MPHI launched a website dedicated to the Michigan RHCPP: http://fcc.mphi.org.

Representatives of each MTA; the Michigan Department of Technology, Management & Budget (DTMB); and the Michigan Department of Community Health (MDCH) formed an RFP 02 Review Team. The team met on a weekly basis, via teleconference, to develop and refine the RFP.

During the USAC site eligibility review process (early October 2008 through February 2009), MPHI coordinated the flow of data between USAC and the sites that applied for federal funding. MPHI submitted data to USAC in three batches: for the entire set of 551 sites in early October; for a third of the sites in mid-January; and, finally, for 37 sites in mid-February. USAC finalized the eligibility status of most sites (with three exceptions) on February 25, 2009. MPHI submitted 521 of these sites as part of its 465 package on November 4, 2009. By a letter dated November 6, USAC ruled three sites as ineligible for the federal subsidy. USAC posted the RFP on November 10. MPHI filed an appeal of the three ineligibility decisions on November 20. These appeals were resolved in March and April of 2010, with USAC ruling two sites eligible and the third site 33.2% eligible.

MPHI keeps the participating HCPs informed about the progress of the project. Examples of such activities follow.
- MPHI conducted a conference call with the regional representatives on April 14 and with the HCPs on April 17, 2009. Each regional representative and each participating HCP received a letter and an e-mail that summarized the project's history and invited them to attend the conference call.
- In late April 2009, by letter, MPHI formally notified the participating health care providers (HCPs) of the results of the eligibility review. If any site was deemed ineligible for federal funding, the specific FCC rationale was provided.
- MPHI posts updates on the aforementioned Michigan RHCPP website. For example, updates were posted on June 22 and October 12, 2009.
- A personalized e-mail update was sent to all RFP 02 participants on October 12-13, 2009.
- A personalized e-mail was sent to all participating HCPs on December 16-17, 2009. This e-mail solicited a telephone number for each site that could be used to determine what telecommunications equipment served each location.
- On August 24, 2010, MPHI conducted an e-mail survey to determine if there was sufficient interest to offer a second-round RFP 02 to add sites to the network that had not been listed on the original RFP 02's Form 465 Attachment.

The Governor of Michigan, DTMB, MDCH, and Michigan's Congressional delegation, all of whom are keenly interested in a successful implementation of the

project, have been briefed on a regular basis. DTMB and MDCH officials are conferring with the APC and his project team on a bi-weekly basis.

On April 23, 2010, a package containing a letter detailing the next steps in the project, "Estimated Price" cost figures, and contracts were mailed to each of the points of contact for the 121 participating health care provider organizations. MPHI hosted a conference call for all participating HCPs on May 12 and 13, 2010. In May and June, MPHI had hundreds of e-mail, voice mail, and conference call contacts with representatives of a large majority of the participating HCPs. After HCPs reviewed the pricing and committed sites to the network, on September 8, 2010, each participating HCP was informed by letter of the "Actual Price" (cost) to link each of its Participating Sites to the network. The letters identified sites that had the option to "opt out" because Actual Prices exceeded Estimated Prices by more than 10 percent.

2. *Identify all health care facilities included in the network.*
   a. *Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.*
   b. *For each participating institution, indicate whether it is:*
      i. *Public or non-public;*
      ii. *Not-for-profit or for-profit;*
      iii. *An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.*

Note: Public, as used here, means "owned by a local, state, or federal government." USAC's RHCPP Director and the RHCPP coaches have offered conflicting definitions of the term (e.g., on an October 14, 2009, national conference call). Until USAC publishes clear guidance, we intend to continue to use this definition.

RFPs 00 and 01

SITE	ADDRESS	CITY	COUNTY	STATE	ZIP CODE	CENSUS TRACT	RUCA	Public?	Non-profit	Pilot Eligible?	USAC "Eligible Entity TYPE"	Brief Explanation of Eligibility or Ineligibility	TEL.
Caro Community Hospital	401 North Hooper St.	Caro	Tuscola	MI	48723	9606.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	989-673-3141
Deckerville Community Hospital	3559 Pine St.	Deckerville	Sanilac	MI	48427	9704.00	10.6	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	810-376-2835

Harbor Beach Community Hospital	210 South First St.	Harbor Beach	Huron	MI	48441	9512.00	10.6	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	989-479-3201
Hills & Dales General Hospital	4675 Hill St.	Cass City	Tuscola	MI	48726	9601.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	989-912-6275
Huron Medical Center - Bad Axe	1100 South Van Dyke Rd.	Bad Axe	Huron	MI	48413	9511.00	8.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	989-269-8933
McKenzie Memorial Hospital	120 Delaware St.	Sandusky	Sanilac	MI	48471	9709.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	810-648-6125
Scheurer Hospital - Hospital	170 North Caseville Rd.	Pigeon	Huron	MI	48755	9507.00	10.0	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	989-453-5202
Marlette Regional Hospital	2770 Main St.	Marlette	Sanilac	MI	48453	9710.00	10.6	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	989-635-4001

RFP 02

RFP 02's Form 465 Attachment listed 521 sites that had expressed interest in participating in the project. By September 30, 2010, 88 sites had actually committed to the project. The requested data for the 88 sites is shown at Appendix A to this quarterly report.

One site is a data center that supports multiple non-profit health care sites (Spectrum Health System-CTIS - Data Center). It is shown as "Pilot Ineligible" on the spreadsheet.

3. *Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:*
   a. *Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;*
   b. *Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;*

c. *Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;*
d. *Number of miles of fiber construction, and whether the fiber is buried or aerial;*
e. *Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.*

RFPs 00 and 01 – Tower Construction and Equipment. The TRHN is a consortium of eight (8) "Pilot Eligible" hospitals located in the thumb region of Michigan's Lower Peninsula. The TRHN has expanded an existing, microwave tower-based, wireless network by adding four more towers.

(a) Brief description of the backbone network of the dedicated health care network. The TRHN has expanded an existing microwave, tower-based, wireless network by adding four more towers to the original four towers and leasing space on a ninth tower. RFP 00 constructed the four towers. RFP 01 purchased telecommunications equipment for all nine towers (one at each of the eight hospitals plus the centrally located, leased hub tower). Long-range, wireless, point-to-point "radios" were mounted on each of the nine towers and provide direct, line-of-sight communication between pairs of towers/hospitals.

(b) Explanation of how health care provider sites will connect to (or access) the network. The radios transmit data at 55 Mbps. They are linked to their associated hospitals by means of Ethernet networking and Cisco switches and routers.

(c) Explanation of how and where the network will connect to a national backbone such as NLR or Internet2. The TRHN regional network will connect to the larger statewide project (RFP 02 – see below), the Internet, and Internet2 at two tower sites.

(d) Number of miles of fiber construction. Since this is a wireless network, fiber optic cable will not be used.

(e) Special systems or services for network management or maintenance (if applicable) and where such systems reside or are base. The wireless network is monitored and managed using network monitoring (purchased by TRHN) and network management (Ipswitch WhatsUp Gold Premium) software running on a standard ProLiant Quad-Core Xeon server and under a Windows Server 2008 OS.

RFP 02 – Statewide Network. MPHI plans to build a network linking health care providers throughout Michigan (except for the southeastern urban area from Lansing to Detroit). This network's backbone will link to Internet2 in at least two locations. .

(a) Brief description of the backbone network of the dedicated health care network. The network will be an MPLS fiber network built using a ring typology. It will be based on the telecomm service provider's Michigan-centered MPLS backbone. In other words, where possible, the network will be owned (rather than leased) by the telecomm service provider, providing greater flexibility, management, and control.

(b) Explanation of how health care provider sites will connect to (or access) the network. Sites will access the network using router and firewall (VPN) equipment provided by the telecomm service provider.

(c) Explanation of how and where the network will connect to a national backbone such as NLR or Internet2. The statewide network will connect to the public Internet through the telecomm service provider's backbone at four locations, Chicago, Cleveland, Grand Rapids, and Southfield, MI. The statewide network will connect to Internet2 through the telecomm service provider's backbone at two locations, Chicago and Cleveland.

(d) Number of miles of fiber construction. The exact number of miles of fiber construction will not be known until the final set of participating sites has been identified and the telecomm service provider has redesigned the network.

(e) Special systems or services for network management or maintenance (if applicable) and where such systems reside or are base. The telecomm service provider's 24x7x365 network operations center (NOC) will monitor the network. Network maintenance will be handled by telecomm service provider technicians dispersed throughout the state. Spare equipment will be staged at the 19 Michigan ILECs that own the telecomm service provider.

4. *List of Connected Health Care Providers: Provide information below for all eligible and ineligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.*
   a. *Health care provider site;*
   b. *Eligible provider (Yes/No);*
   c. *Type of network connection (e.g., fiber, copper, wireless);*
   d. *How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);*
   e. *Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10Mbps);*
   f. *Gateway to NLR, Internet2, or the Public Internet (Yes/No);*
   g. *Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.*
   h. *Provide a logical diagram or map of the network.*

<u>*RFPs 00 and 01 – Tower Construction and Equipment*</u>

Health Care Provider	City in MI	Eligible?	Connection Type	How Connection Is Provided	Bandwidth	Gateway to Internet2	Gateway to Public Internet	Site Equipment
Caro Community Hospital	Caro	Yes	Wireless	Self-constructed	55 mbps	Yes	Yes	See *
Deckerville Community Hospital	Deckerville	Yes	Wireless	Self-constructed	55 mbps	Yes	Yes	See *
Harbor Beach Community Hospital	Harbor Beach	Yes	Wireless	Self-constructed	55 mbps	Yes	Yes	See *
Hills & Dales General Hospital	Cass City	Yes	Wireless	Self-constructed	55 mbps	Yes	Yes	See *

								See
Huron Medical Center	Bad Axe	Yes	Wireless	Self-constructed	55 mbps	Yes	Yes	*
Marlette Regional Hospital	Marlette	Yes	Wireless	Self-constructed	55 mbps	Yes	Yes	See *
McKenzie Memorial Hospital	Sandusky	Yes	Wireless	Self-constructed	55 mbps	Yes	Yes	See *
Scheurer Hospital	Pigeon	Yes	Wireless	Self-constructed	55 mbps	Yes	Yes	See *

* Tessco Airstream 4.9 long-range PTP wireless network kit

* Cisco Catalyst 3560 24 Layer 3 Ethernet Switch

* Black Box 8U wall-mounted rack enclosure

A network map follows.
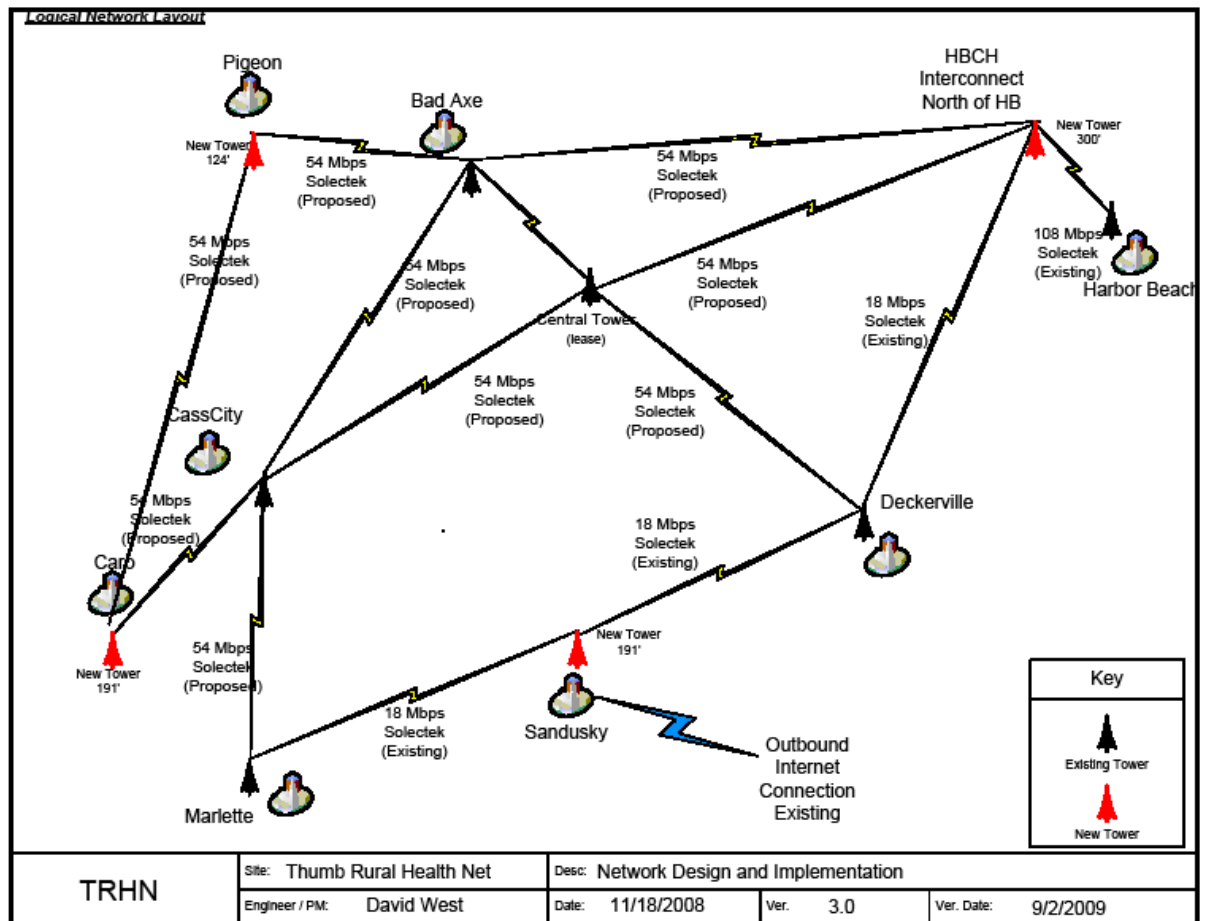
RFP 02 – Statewide Network. No RFP 02 participants will be networked until 2011 at the earliest.

5. ***Identify the following non-recurring and recurring costs,[3] where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.***
    a. ***Network Design***
    b. ***Network Equipment, including engineering and installation***
    c. ***Infrastructure Deployment/Outside Plant***
        i. ***Engineering***
        ii. ***Construction***
    d. ***Internet2, NLR, or Public Internet Connection***
    e. ***Leased Facilities or Tariffed Services***
    f. ***Network Management, Maintenance, and Operation Costs (not captured elsewhere)***
    g. ***Other Non-Recurring and Recurring Costs***

- **RFP 00** – MPHI budgeted $557,351.20 (both USAC & HCP shares) for construction of four towers. All of these costs were non-recurring, and all fit into category *c* above. All but $2,337.84 of the FCL was paid to the vendor ($471,410.68 was paid), and the HCP paid $83,190.12 (15 percent of the tower construction cost).

Invoice #	Incurred Costs (Invoice Amount)	HCP Payment	USAC Payment	Status of USAC Payment
88429	$47,870.00	$7,180.50	$40,689.50	Paid
88522	$104,746.20	$15,711.93	$89,034.27	Paid
88584	$68,345.00	$10,251.75	$58,093.25	Paid
88622	$36,141.00	$5,421.15	$30,719.85	Paid
88713	$80,049.60	$12,007.44	$68,042.16	Paid
88739	$38,620.00	$5,793.00	$32,827.00	Paid
88822	$40,857.00	$6,128.55	$34,728.45	Paid
88878	$53,880.00	$8,082.00	$45,798.00	Paid
88942	$43,636.00	$6,545.40	$37,090.60	Paid
88957	$40,456.00	$6,068.40	$34,387.60	Paid
Totals	$554,600.80	$83,190.12	$471,410.68	Paid

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[3] Non-recurring costs are flat charges incurred only once when acquiring a particular service or facility. Recurring costs are costs that recur, typically on a monthly basis, because they vary with respect to usage or length of service contract.

- **RFP 01** – MPHI budgeted $53,464.12 (both USAC & HCP shares) for network equipment mounted on nine towers (five towers were pre-existing). All of these costs were non-recurring, and all fit into category *b* above. All but 24 cents of the FCL was paid to the vendor ($45,444.35 was paid), and the HCP paid $8,019.62 (15 percent of the equipment cost).
- **RFP 02** – Final budget data will not be available until the 4th quarter of 2010, when the list of participating sites will have been finalized.

6. ***Describe how costs have been apportioned and the sources of the funds to pay them:***
   a. ***Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.***

RFPs 00 and 01. The actual costs to serve a site were allocated to that site. All eight (8) network participants are eligible health care providers (hospitals) and received the full 85 percent subsidy.

RFP 02. The actual costs to serve a site are allocated to that site. If a site is fully eligible, it receives the full 85 percent subsidy. If a site is partially eligible, it receives a pro-rated subsidy and makes up the difference. A project budget will be available once the list of participating sites has been finalized. We expect this process to be completed during the 4th quarter of 2010.

   b. ***Describe the source of funds from:***
      i. ***Eligible Pilot Program network participants***
      ii. ***Ineligible Pilot Program network participants***

RFPs 00 and 01. The source of the participating health care providers' 15 percent share was a HRSA grant obtained through their consortium, the Thumb Rural Health Network (TRHN). There were no recurring costs in this project; all costs were one-time construction or purchase.

RFP 02. The source of funds for the HCPs' match is the HCP itself, except in the case of a small group that is seeking a grant to cover its 15 percent match. A project budget will be available once the list of participating sites has been finalized. We expect this process to be completed during the 4th quarter of 2010.

   c. ***Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).***
      i. ***Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.***
      ii. ***Identify the respective amounts and remaining time for such assistance.***

RFPs 00 and 01. There were no other sources of funds.

RFP 02. We do not expect to use any other source of funds. A project budget will be available once the list of participating sites has been finalized. We expect this process to be completed during the 4th quarter of 2010.

     d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

RFPs 00 and 01. The participants' 15 percent contribution is helping to pay for a telecomm network that is critical for inter-hospital communication.

RFP 02. The participants' 15 percent contribution is helping to pay for a telecomm network that is critical for inter-HCP intrastate communication.

7. *Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.*

RFPs 00 and 01. All network participants are eligible health care providers (hospitals).

RFP 02. None. If there were an entities eligible to participate but ineligible for the subsidy, they would pay 100 percent of the cost of participation (both one-time connection and monthly service). We expect no subsidy-<u>in</u>eligible participants due to the extremely high network connection costs.

8. *Provide an update on the project management plan, detailing:*
     a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

There has been no change from prior Quarterly Reports. For current project leadership, please refer to the response to question 1.

     b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

RFP 00 – Tower Construction. This project schedule has been completed:
- April 2009. MPHI submitted the FCC Form 465 package for USAC review.
- May 2009. USAC finalized its review and posted the RFP.
- June 2009. Vendors submitted proposals, and MPHI selected a winning vendor.

- July - September 2009. A contract was negotiated and signed.
- September 2009. USAC reviewed and approved the FCC Form 466A package.
- September 24, 2009. USAC issued the FCL.
- Late September 2009. Construction began.
- October 2, 2009. USAC issued a Support Acknowledgement Letter.
- June 30, 2010. Construction is completed.
- December 2009 through July, 2010. Network equipment purchased through RFP 01 was mounted on the towers as they are completed.
- July 2010. All eight hospitals are linked to an operational network.

RFP 01 – Purchase of Network Equipment. This project schedule has been completed:
- May 2009. MPHI submitted the FCC Form 465 package for USAC review.
- June 2009. USAC finalized its review and posted the RFP.
- July 2009. Vendors submitted proposals, and MPHI selected a winning vendor.
- August - September 2009. A contract was negotiated and signed.
- September 2009. USAC reviewed and approved the FCC Form 466A package.
- October 2009. USAC issued the FCL.
- November 2009. USAC issued a Support Acknowledgement Letter.
- December 2009. All equipment was delivered.
- December 2009. The HCP paid its 15 percent share to the vendor.
- January 2010. USAC paid its 85 percent share to the vendor.
- December 2009 through July, 2010. Network equipment purchased through RFP 01 was mounted on the towers as they are completed.
- July 2010. All eight hospitals are linked to an operational network.

RFP 02 – Statewide Network
   MPHI plans to network approximately 100 HCP sites stretched across 80 percent of the state's geography. Participants will be classified into four categories: Tier 1 (large regional referral hospitals), Tier 2 (other hospitals), Tier 3 (large clinics with five or more clinicians), and Tier 4 (smaller clinics). All HCPs will be connected to the Internet2 backbone. Connection throughput; the number of virtual private network connections; the locus of equipment management; the uptime, response time, and repair time requirements; and other features will vary by Tier, with the most robust service being provided to Tier 1 HCPs. It is not possible to provide expected connection/operational dates until participants contractually commit by July 16, 2010 and the vendor has redesigned the network based on the set of committed sites.

   A tentative project schedule follows:
- July-September 2008. The RFP was written; refined; and reviewed by a prominent telecommunications law firm. ***COMPLETED***
- October 2008 – The RFP was finalized. ***COMPLETED***
- November 2008 – USAC informally reviewed the RFP. ***COMPLETED***

- October 2008 through February 2009 – USAC informally reviewed the eligibility of sites for FCC funding. ***COMPLETED***[4]
- November 2009 – MPHI submitted the 465 package to USAC. ***COMPLETED***
- November 2009 – The RFP was posted on the USAC website. ***COMPLETED***
- February 2010 – Vendor proposals are received. ***COMPLETED***
- February - April 2010 – The Evaluation Committee evaluates proposals and selects a tentative winning bidder. ***COMPLETED***
- April 23 – Late July 2010 – Based on "estimated" cost data from the tentative winning bid, participating HCPs, by site, confirm their participation (by contract) or withdraw from the project. ***COMPLETED***
- Early August 2010 – A list of committed sites is compiled and provided to the tentative winning bidder. ***COMPLETED***
- September 2010 – The tentative winning bidder recalculates costs based on the list of committed sites and submits the "actual" costs to MPHI, which in turn communicates them to the HCPs. The HCPs have the right to withdraw a site if a site's actual costs exceed its estimated costs by more than 10%. ***COMPLETED***

- *October – November 2010* – The tentative winning bidder creates a construction schedule.
- *October – November 2010* – MPHI negotiates a contract with the winning bidder.
- *November – December 2010* – The winning bidder and the HCPs sign a contract.
- *December 2010*. MPHI submits the 466 package to USAC for its approval.
- *2011 through 2012* – The winning bidder builds the network, with HCPs connected in a serial manner as quickly as possible.
- *1st and 2nd years of network operation* (timing will vary by HCP) – The monthly service costs during the first and second years of each HCP's participation in the network are subsidized by RHCPP funds (85%), with the balance being paid by the HCP.
- *3rd through 5th years of network operation* – The monthly service rates paid by the HCPs were set by the original contract. The HCPs pay 100 percent of those costs.

9. ***Provide detail on whether the network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.***

RFPs 00 and 01 – Thumb Rural Health Network

   USAC Scenario. RFPs 00 and 01 are a best fit with USAC Scenario 5 – "Participant Shares Ownership of Dedicated Network with Other Network Members." [I am defining "Participant" as one of the eight hospital members of the Thumb Rural Health Network (TRHN).] The TRHN, an RHCPP-eligible entity in its own right, is a consortium of eight RHCPP-eligible hospitals. The tower-based wireless telecomm system has been built for

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[4] A decision on one "administrative" site is still outstanding a year after the initial submission of data.

use by the eight hospitals. The TRHN network can stand alone, but when the larger statewide network is constructed (RFP 02), the TRHN network will connect to it and become an integral part of it. Depending on how terms are defined, if Scenario 5 does not apply, then either Scenario 1 or Scenario 2 would apply.

Sustainability Point 1 – source of 15 percent funding: The TRHN had already built four towers and leased a fifth. The RHCPP and an HHSA grant constructed the last four towers to complete the network and purchase equipment to mount on all nine towers.

Sustainability Point 2 – commitment of network members: The TRHN's eight member hospitals own the wireless telecomm network, will use it for their exclusive benefit, and have demonstrated full commitment by funding the other five towers. There will be a need for hospitals in the foreseeable future, presumably they will continue to make money, and, given the geographic proximity and historic need to exchange data among the eight hospitals, the eight will continue to support the network. See also Sustainability Point 4.

Sustainability Point 3 – sustainability period: The TRHN has taken a long-term horizon and has made a major financial investment in this wireless telecomm network. Since it is impossible to predict how telecommunications technology will progress, a precise time period for usage cannot be offered. However, the TRHN is fully committed to this technology as long as it demonstrates competitive cost-effectiveness.

Sustainability Point 4 – budget: The ongoing operating costs of this TRHN-owned network will be negligible (close to zero). Nonetheless, the TRHN and its eight member hospitals will be responsible for those costs. By means of a Memorandum of Understanding, each hospital is currently required to purchase insurance for its co-located tower and the equipment mounted on it (a tower is located at or near each of the eight hospitals). The TRHN (the consortium itself) is required to insure the central (ninth) tower and its equipment. The TRHN is responsible for governance of the network. A lawyer hired by the TRHN has drafted a contract that contractually specifies the network-related insurance, operating, and other financial obligations of the TRHN and its eight hospital members.

Sustainability Point 5 – use of the network by non-eligible entities: None.

Sustainability Point 6 – network management: The TRHN consortium manages the network. Personnel employed and paid by member hospitals handle technical issues.

Sustainability Point 7 – Regular Program funding for the network: The eight TRHN hospitals are eligible to participate in the Regular Program. However, given the negligible ongoing operating costs and, due to its uniqueness, the low probability that the network would qualify for Regular Program subsidies of those costs, use of the Regular Program has not been discussed.

Sustainability Point 8 – federal funding: The TRHN used an HSSA grant to fund its 15 percent match. Nonetheless, the TRHN has sufficient funds to pay the 15 percent match on its own, as the match for *both* RFPs 01 and 02 is less than $92,000.

Sustainability Point 9 – prepaid lease option: Not applicable.

Sustainability Point 10 – up front charges and monthly lease charges: It is understood that invoicing cannot begin until installation/construction have commenced.

Summary: The TRHN owns the network. It is paid for. There will be annual maintenance costs, but they should not be significant. Presumably, given the frailty of the human body, there will be a need for hospitals for the foreseeable future. Therefore, to demonstrate a 10- to 15-year sustainability plan, it should be sufficient for the TRHN to specify full ownership and management, intent to use for the foreseeable future, and likely financial capacity to be able to maintain.

RFP 02 – Statewide Network

RFP 02's FCC Form 466-A package will not be submitted until December 2010. A formal sustainability plan will be submitted at that time. What follows is a preliminary outline of the expected approach to sustainability.

Overview. A project budget will be available during the 4th quarter of 2010. Before addressing the factors that will result in the network becoming self-sustaining, it is necessary to provide some background on Michigan's planned use of RHCPP funds. From the beginning, Michigan's plan has been to use the RHCPP grant to fund just the one-time (install) costs and the first two years' of ongoing (operating) costs. After the first two years, sites will be responsible for funding the ongoing costs.

USAC Scenario. RFP 02 is a best fit with USAC Scenario ? – "xxx."

Sustainability Point 1 – source of 15 percent funding: Each participating health care provider will be required to pay its 15 percent share.

Sustainability Point 2 – commitment of network members: Each participating health care provider will be expected to contractually agree to participate in the network for a minimum of five years. After the first two years of operation, each HCP will be expected to pay 100 percent of the operating costs allocated to it. Prior to committing to the network, the HCP was told about the expected costs so it could make an informed decision and budget accordingly. Those participants who would be ineligible for the subsidy would be expected to pay 100 percent of the construction and operating costs allocated to their sites; however, there are no ineligible participants (except a data center at the 465 level, which should become close to 100 percent eligible at the 466 level).

MPHI is requiring the vendor to stipulate service costs (by specific site) up front and maintain that cost structure for a minimum of five years. The economies of scale of

negotiating a 90-site consortium will drive down the ongoing costs. In addition, the most heavily weighted proposal evaluation criterion is the ongoing (post-RHCPP project support) cost to the participating HCPs. MPHI plans to use RHCPP funds to pay for the expensive capital investment up front and make the ongoing cost very affordable for the sites. It is expected that this cost will be less than what the HCPs are currently paying for Internet service or, if the RHCPP network costs are higher, that the network's additional benefits will outweigh the additional cost. (The statewide health care network will be tailored to meet the *unique* requirements of the health care industry.)

 Sustainability Point 3 – sustainability period: It is understood that the sustainability plan should cover a minimum of ten years, with 15 preferable.

 Sustainability Point 4 – budget: A project budget will be available during the 4th quarter of 2010

 Sustainability Point 5 – use of the network by non-eligible entities: MPHI does not plan to allow non-eligible entities to use the network. No entities that are ineligible for the subsidy are expected to participate.

 Sustainability Point 6 – network management: The vendor will manage the network, and the cost will be part of the participants' ongoing monthly service fees.

 Sustainability Point 7 – Primary Program funding for the network: Most FCC-subsidy-eligible, not-for-profit health care providers are eligible for the Primary Program. To help offset the network's ongoing cost, after the first two years of operation, eligible rural HCPs will be migrated from the RHCPP into the traditional USF Rural Health Care Program. To facilitate this, MPHI will be requesting that USAC grant "evergreen" status to the contract that results from Michigan's RHCPP project.

 Sustainability Point 8 – federal funding: The project plan does not assume that any state or additional federal funding will be used other than the FCC's RHC Primary Program.

 Sustainability Point 9 – prepaid lease option: Not applicable.

 Sustainability Point 10 – up front charges and monthly lease charges: It is understood that invoicing cannot begin until installation/construction has commenced. Work on a site will only be invoiced after that site has gone live and has been formally accepted into the network by both the HCP and MPHI.

 Summary: Michigan's RHCPP is structured so that participating HCPs have to demonstrate a financial and operational commitment to the statewide network *at the onset of their participation*. They must commit funds to connect to the network and, in so doing, commit to use the network for their vital health care communications needs. After these initial commitments are made, the financial economies and the operational utility of the RHCPP-funded network should compel the HCPs to continue using it. The

initial required commitments and the subsequent market-driven usage are the essence of sustainability.

10. Provide detail on how the supported network has advanced telemedicine benefits:
   a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
   b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
   c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
   d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
   e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

Given that the RFP00/01 network is just becoming operational and that the RFP02 statewide network will not be operational for at least a year, this section is not applicable at this point in time.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:
   a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
   b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
   c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
   d. Explain how the supported network has used resources available at HHS' Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
   e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and

> *coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and*
> f. *Explain how the supported network has used resources available through HHS' Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.*

Given that the RFP00/01 network is just becoming operational and that the RFP02 statewide network will not be operational for at least a year, this section is not applicable at this point in time. However MPHI, the State of Michigan, and the participating HCPs are well aware of the HHS health IT initiatives and intend to incorporate them, as appropriate.

> 12. *Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.*

Given that the RFP00/01 network is just becoming operational and that the RFP02 statewide network will not be operational for at least a year, this section is not applicable at this point in time.

Completed by: Jeff Shaw, RHCPP Assistant Project Coordinator and MPHI Senior Project Manager, and Harry Levins, MPHI Project Manager, 10/14/2010

Organization	Site	Address	City	County	State	Zip Code	Census Tract	RUCA	Public?	Non-profit	Pilot Eligible?	USAC "Eligible Entity Type"	Brief Explanation of Eligibility or Ineligibility	Tel.
Alcona Health Centers	Alpena Services	1185 US Hwy 23 North	Alpena	Alpena	MI	49707	0003.00	5.0	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	989-356-0673
Allegan General Hospital	Allegan - 555 Linn	555 Linn Street	Allegan	Allegan	MI	49010	0312.00	7.3	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	269-686-4111
Allegan General Hospital	Otsego	900 Dix Street	Otsego	Allegan	MI	49078	0319.00	4.2	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	269-686-4111
AuSable Valley Community Mental Health	Tawas City	1199 West Harris Avenue	Tawas City	Iosco	MI	48763	9910.00	7.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-362-8636
AuSable Valley Community Mental Health	Oscoda	5805 North Cedar Lake Road	Oscoda	Iosco	MI	48750	9902.00	7.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-362-8636
AuSable Valley Community Mental Health	West Branch	511 Griffin Road	West Branch	Ogemaw	MI	48661	9505.00	10.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-362-8636
AuSable Valley Community Mental Health	Mio	42 North Mt. Tom Road	Mio	Oscoda	MI	48647	9704.00	10.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-362-8636
Bronson Healthcare Group	Bronson Methodist Hospital	601 John Street	Kalamazoo	Kalamazoo	MI	49007	0009.00	1.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	269-341-6344
Bronson Healthcare Group	Bronson Lakeview Hospital	408 Hazen	Paw Paw	Van Buren	MI	49079	0117.00	2.0	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	269-341-6344
Central Michigan District Health Dept.	Reed City	4329 220th Avenue	Reed City	Osceola	MI	49677	9706.00	7.4	NO	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-773-5921
Charlevoix Area Hospital	Boyne Area Medical Center	223 North Park Street	Boyne City	Charlevoix	MI	49712	9814.00	7.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	231-547-8500
Charlevoix Area Hospital	Charlevoix Area Hospital	14700 Lake Shore Drive	Charlevoix	Charlevoix	MI	49720	9804.00	10.6	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	231-547-8500
Charlevoix Area Hospital	Jordan Valley Rehabilitation Center	100 Main Street	East Jordan	Charlevoix	MI	49727	9811.00	10.6	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	231-547-8500
District Health Department No. 2	Harrisville	311 Lake Street	Harrisville	Alcona	MI	48740	9801.00	10.0	NO	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-343-1806
District Health Department No. 2	Tawas City	420 West Lake Street	Tawas City	Iosco	MI	48763	9909.00	7.0	NO	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-343-1806
District Health Department No. 2	West Branch	630 Progress Street	West Branch	Ogemaw	MI	48661	9505.00	10.0	NO	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-343-1806
District Health Department No. 2	Mio	393 South Mt. Tom Road	Mio	Oscoda	MI	48647	9705.00	10.0	NO	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-343-1806
Gratiot County Community Mental Health	Gratiot County Community Mental Health	608 Wright Avenue	Alma	Gratiot	MI	48801	9904.00	4.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-466-4109
HealthSource Saginaw, Inc.	HealthSource Saginaw, Inc.	3340 Hospital Road	Saginaw	Saginaw	MI	48603	0103.02	1.0	NO	TRUE	YES - 33.2%	6: Rural health clinic	Non-profit rural health clinic	989-790-7888
Hillsdale Community Health Center	Reading	143 South Main Street	Reading	Hillsdale	MI	49274	0504.00	10.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	517-437-6204
Hillsdale Community Health Center	Howell	168 South Howell Street	Hillsdale	Hillsdale	MI	49242	0508.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	517-437-6204
Hillsdale Community Health Center	Hidden Meadows	451 Hidden Meadows	Hillsdale	Hillsdale	MI	49242	0509.00	10.6	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	517-437-6204
Huron Behavioral Health	South Van Dyke	1108 South Van Dyke	Bad Axe	Huron	MI	48413	9511.00	8.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-269-9293
Huron Behavioral Health	North Van Dyke	1700 North Van Dyke	Bad Axe	Huron	MI	48413	9511.00	8.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-269-9293
InterCare Community Health Network	Benton Harbor	RELOCATION - 951 S. Fair Ave. (old loca	Benton Harbor	Berrien	MI	49022	0021.00	1.0	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	269-427-7937
InterCare Community Health Network	Claire	6270 West Main Street	Eau Claire	Berrien	MI	49111	0106.00	3.0	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	269-427-7937
InterCare Community Health Network	Bangor - Charles	308 Charles Street	Bangor	Van Buren	MI	49013	0107.00	10.6	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	269-427-7937
InterCare Community Health Network	Bangor - Industrial	50 Industrial Park Drive	Bangor	Van Buren	MI	49013	0107.00	10.6	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	269-427-7937
InterCare Community Health Network	Pullman	5498 109th Avenue	Pullman	Allegan	MI	49450	0310.00	3.0	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	269-427-7937
InterCare Community Health Network	Holland	285 James Street	Holland	Ottawa	MI	49424	0222.02	1.0	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	269-427-7937
Thumb Rural Health Network	McKenzie Memorial Hospital - Sandusky	120 Delaware St.	Sandusky	Sanilac	MI	48471	9709.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	810-987-3622
Memorial Family Care Center	Memorial Family Care Center	5481 North 72nd Avenue	Hart	Oceana	MI	49420	0101.00	10.0	NO	TRUE	YES	6: Rural health clinic	Non-profit rural health clinic	231-845-2365
Memorial Medical Center of West MI	Memorial Medical Center of West Michigan	One Atkinson Drive	Ludington	Mason	MI	49431	9504.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	231-845-2365
Michigan Department of Corrections	St. Louis Correctional Facility	8585 North Croswell Road	St. Louis	Gratiot	MI	48880	9903.00	4.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Saginaw Correctional Facility	9625 Pierce Road	Freeland	Saginaw	MI	48623	0101.00	1.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Pugsley Correctional Facility	7401 East Walton Road	Kingsley	Grand Traverse	MI	49649	9903.00	4.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Oaks Correctional Facility	1500 Caberfae Highway	Manistee	Manistee	MI	49660	9905.00	8.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Crane Correctional Facility	38 Fourth Street	Coldwater	Branch	MI	49036	9504.00	4.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Alger Correctional Facility	6141 Industrial Park Drive	Munising	Alger	MI	49862	9801.00	10.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Baraga Correctional Facility	13924 Wadaga Road	Baraga	Baraga	MI	49908	9502.00	10.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Chippewa Correctional Facility	4269 West M-80	Kincheloe	Chippewa	MI	49784	9709.00	5.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Ojibway Correctional Facility	N 5705 Ojibway Road	Marenisco	Gogebic	MI	49947	9504.00	8.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Newberry Correctional Facility	3001 Newberry Avenue	Newberry	Luce	MI	49868	9601.00	7.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Marquette Correctional Facility	1960 US 41 South	Marquette	Marquette	MI	49855	0010.00	10.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Bellamy Creek Correctional Facility	1727 West Bluewater Highway	Ionia	Ionia	MI	48846	0306.00	4.2	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Carson City Correctional Facility	10522 East Boyer Road	Carson City	Montcalm	MI	48811	9810.00	7.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Handlon Correctional Facility	1728 Bluewater Highway	Ionia	Ionia	MI	48846	0317.00	4.2	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Ionia Maximum Facility	1576 Bluewater Highway	Ionia	Ionia	MI	48846	0317.00	4.2	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Michigan Reformatory	1342 West Main Street	Ionia	Ionia	MI	48846	0306.00	4.2	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198

Organization	Site	Address	City	County	State	Zip Code	Census Tract	RUCA	Public?	Non-profit	Pilot Eligible?	USAC "Eligible Entity Type"	Brief Explanation of Eligibility or Ineligibility	Tel.
Michigan Department of Corrections	Boyer Road Correctional Facility	10274 East Boyer Road	Carson City	Montcalm	MI	48811	9810.00	7.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Brooks Correctional Facility	2500 South Sheridan Drive	Muskegon	Muskegon	MI	49444	0004.00	1.0	YES	TRUE	YES - 67.4%	2: Community health center or health center	Health clinic located in state correctional facility	517-373-3198
Mid-Michigan District Health Dept.	Gratiot County Office	151 Commerce Drive	Ithaca	Gratiot	MI	48847	9909.00	7.4	NO	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-831-3610
Mid-Michigan District Health Dept.	Clinton County Office	1307 East Townsend Road	St. Johns	Clinton	MI	48879	0109.01	2.0	NO	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-831-3610
Mid-Michigan District Health Dept.	Montcalm & Admin. Offices	615 North State Street, Suite 1&2	Stanton	Montcalm	MI	48888	9808.00	9.0	NO	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-831-3610
Munson Medical Center	Hospital	1105 Sixth Street	Traverse City	Grand Traverse	MI	49684	9914.00	4.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	231-935-6171
Muskegon Family Care	Muskegon Heights	2201 South Getty Street	Muskegon Heights	Muskegon	MI	49444	0013.00	1.0	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	231-737-1754
Northpointe Behavioral Health Care	Kingsford	715 Pyle Drive	Kingsford	Dickinson	MI	49802	9506.00	4.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	906-779-0525
Northpointe Behavioral Health Care	Iron River	703 Second Avenue	Iron River	Iron	MI	49935	9803.00	7.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	906-779-0525
Northpointe Behavioral Health Care	Menominee	401 Tenth Avenue	Menominee	Menominee	MI	49858	9607.00	4.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	906-779-0525
Otsego Memorial Hospital	Hospital	825 North Center Avenue	Gaylord	Otsego	MI	49735	9503.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	989-731-2400
Pathways Community Mental Health	Marquette - Spring	200 West Spring Street	Marquette	Marquette	MI	49855	0003.00	4.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	906-225-5138
Thumb Rural Health Network	Scheurer Hospital - Pigeon	170 North Caseville Road	Pigeon	Huron	MI	48755	9507.00	10.0	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	810-987-3622
South Haven Community Hospital Authority	South Haven Community Hospital Authority	955 South Bailey Avenue	South Haven	Van Buren	MI	49090	0104.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	269-639-2841
Spectrum Health System	Sparta Family Practice	**RELOCATION** - 2111 12 Mile Rd. NW (o	Sparta	Kent	MI	49345	0104.01	2.0	NO	TRUE	YES	10: Urban Health Clinic	Urban health clinic owned by a non-profit hospital	616-486-4235
Spectrum Health System	CTIS - Data Center	4690 60th Street, SE	Grand Rapids	Kent	MI	49512	0148.04	1.0	NO	TRUE	NO	11: Other (ineligible) entity	Data center supporting multiple non-profit health systems	616-486-4235
Spectrum Health System	Butterworth Hospital	100 Michigan Street, NE	Grand Rapids	Kent	MI	49503	0020.00	1.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	616-486-4235
Spectrum Health System	Blodgett Hospital	1840 Wealthy Street, SE	Grand Rapids	Kent	MI	49506	0124.00	1.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	616-486-4235
Spectrum Health System	Kelsey Memorial Hospital & Northern Montcalm	418 Washington Street	Lakeview	Montcalm	MI	48850	9804.00	10.6	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	616-486-4235
Spectrum Health System	United Memorial Healthcare Assn	615 South Bower Street	Greenville	Montcalm	MI	48838	9813.00	7.3	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	616-486-4235
Spectrum Health System	Reed City Hospital	300 North Patterson Road	Reed City	Osceola	MI	49677	9706.00	7.4	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	616-486-4235
Spectrum Health System	Holland Lakeshore Area Radiation Oncology Ctr	12642 Riley Street	Holland	Ottawa	MI	49424	0222.02	1.0	NO	TRUE	YES	10: Urban Health Clinic	Urban health clinic owned by a non-profit hospital	616-486-4235
Spectrum Health System	Campustowne Professionals	4868 Lake Michigan Drive	Allendale	Ottawa	MI	49401	0234.00	1.0	NO	TRUE	YES	10: Urban Health Clinic	Urban health clinic owned by a non-profit hospital	616-486-4235
Spectrum Health System	AeroMed - Big Rapids	21325 18 Mile Road	Big Rapids	Mecosta	MI	49307	9605.00	4.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	616-486-4235
St. Joseph Health System	AuGres St. Joseph Family Clinic	302 South Main Street	AuGres	Arenac	MI	48703	9704.00	10.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	989-907-8104
St. Joseph Health System	Great Lakes Family Medicine	106 Division Street	Oscoda	Iosco	MI	48750	9901.00	7.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	989-907-8104
St. Joseph Health System	Hale St. Joseph Medical Clinic	116 South Church Street	Hale	Iosco	MI	48739	9905.00	10.6	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	989-907-8104
St. Joseph Health System	Huron Family Medicine	700 German Street	Tawas City	Iosco	MI	48763	9909.00	7.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	989-907-8104
St. Joseph Health System	St. Joseph Medical Practices	5939 North Huron Road	Oscoda	Iosco	MI	48750	9901.00	7.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	989-907-8104
St. Joseph Health System	Tawas St. Joseph Hospital - main	200 Hemlock	Tawas City	Iosco	MI	48764	9909.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	989-907-8104
St. Joseph Health System	Tawas St. Joseph Internal Medicine Clinic	295 Maple Street	Tawas City	Iosco	MI	48763	9909.00	7.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	989-907-8104
St. Joseph Health System	Tawas St. Joseph Pediatrics	325 East M-55	Tawas City	Iosco	MI	48763	9909.00	7.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	989-907-8104
St. Joseph Health System	Tawas St. Joseph Women's Clinic	25 East M-55	Tawas City	Iosco	MI	48763	9907.00	8.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	989-907-8104
St. Joseph Health System	Tawas St. Joseph Walk-in Clinic	1691 East Huron Road, Suite 5	East Tawas	Iosco	MI	48730	9907.00	8.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	989-907-8104
Thunder Bay Community Health Services	Hillman Clinic	**RELOCATION** - 15774 State St. (old loca	Hillman	Montmorency	MI	49746	9901.00	10.5	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	989-358-3903
Thunder Bay Community Health Services	Onaway Clinic	21258 West M-68 Highway	Onaway	Presque Isle	MI	49765	9504.00	10.0	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	989-358-3903
Thunder Bay Community Health Services	Onaway School	4549 South M-33 Highway	Onaway	Presque Isle	MI	49765	9504.00	10.0	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	989-358-3903
Thunder Bay Community Health Services	Rogers City Clinic	205 South Bradley Highway	Rogers City	Presque Isle	MI	49779	9502.00	7.0	NO	TRUE	YES	2: Community health center or health center	Federally Qualified Health Clinic	989-358-3903
West Shore Medical Center	Hospital	1465 East Parkdale Avenue	Manistee	Manistee	MI	49660	9904.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	231-398-1188